Substitute for Form PTO-875

Application or Docket Number: 09/674,688

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =		X $ =		OR	X $ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =		X $ =		OR	X $ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ $ =		OR	+ $ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

9/30/04

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))		19	Minus	** 23	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))		3	Minus	*** 5	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))			Minus	**	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))			Minus	***	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))			Minus	**	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))			Minus	***	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
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Substitute for Form PTO-875

Application or Docket Number: 09/674688

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))	19 minus 20 =		X $	.00	OR	X $ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =		X =		OR	=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $		OR	+ $ =	

*If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL | OR | TOTAL 1000

1000 (handwritten, top right)

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	33	Minus	20	= 13	X $ 9 =	117	OR	X $ 18 =	234
Independent (37 CFR 1.16(b))	5	Minus	3	= 2	X $ 42 =	84	OR	X $ 88 =	172
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
					TOTAL ADD'L FEE	201	OR	TOTAL ADD'L FEE	406

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	19	Minus	33	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))	3	Minus	5	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	19	Minus	33	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))	3	Minus	5	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

Handwritten dates in left margin: 1/3/00, 7/2/03, 1/15/04, 5/18/04

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.